

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		Tint Oleany)	
NAME (Last)	(First)	(Middle)	TELEPHONE
Eastham	Marcy	L.	541-715-4176
MAILING ADDRESS (Street)	FAX		
1000 NE Circle Blvd., I	541-715-6925		
(City)	(State)	(Zip Code)	
Corvallis	Oregon	97330	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
n/a			
MAILING ADDRESS (Street)			FAX
(City)	(State)		(Zip Code)

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hewlett-Packard Compa	541-715-2000		
MAILING ADDRESS (Street)	FAX		
1000 NE Circle Blvd., M	541-715-6925		
(City)	(State)	(Zip Code)	
Corvallis	Oregon	97330	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Carrie Calvin	703/684-1110		
MAILING ADDRESS (Street)	FAX		
MultiState Associates Inc. 515 King Street, Suite 300		703/684-0717	
(City)	(State)	(Zip Code)	
Alexandria	Virginia	22314	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the	e information furnished abov	re is, to the best of my knowled	lge, correct and complete.		
Marcy Easth		01-06.07			
(Signature of Lobbyist)		(Date)			
PART V AUTHORIZATION	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Marcy L. Eastham	Director, NW US Government Affairs				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Hewlett-Packard Compa	iny		541-715-2000		
MAILING ADDRESS (Street)			FAX		
1000 NE Circle Blvd., MS 411D			541-715-6925		
(City)	(State)		(Zip Code)		
Corvallis	Oregon	97330			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Marcyt Easth 01.06.07					
(Signature of Authorizing Officer or Person Represented		sented)	(Date)		